2027 Lewis County Health and Welfare Rate Sheet

AFSCME/Non-Represented Employees

Non-Rep/AFSCME		2027			
		Employee	Employee & Spouse	Employee & Children	Family
Regence Classic 500	Total Premium	$ 1,075.08	$ 1,978.54	$ 1,752.65	$ 2,656.49
Regence Preferred	Employer Paid	$ 975.16	$ 1,440.89	$ 1,413.16	$ 1,751.62
	Employee Paid	**$ 99.92**	**$ 537.65**	**$ 339.49**	**$ 904.87**
Regence HSA 2000	Total Premium	$ 996.25	$ 1,819.19	$ 1,628.08	$ 2,392.52
Regence Preferred	Employer Paid	$ 970.16	$ 1,432.89	$ 1,407.16	$ 1,738.62
with Health Savings Account	HSA ER Contribution	$ 59.00	$ 117.00	$ 117.00	$ 117.00
	Employee Paid	**$ 26.09**	**$ 386.30**	**$ 220.92**	**$ 653.90**
Regence Classic 1000	Total Premium	$ 1,042.87	$ 1,911.22	$ 1,694.13	$ 2,562.47
Regence Preferred	Employer Paid	$ 973.16	$ 1,438.89	$ 1,411.16	$ 1,747.62
	Employee Paid	**$ 69.71**	**$ 472.33**	**$ 282.97**	**$ 814.85**

Lewis County contributes 100% of Delta Dental and Vision premiums

		Employee	Employee & Spouse	Employee & Children	Family
Dental	Total Premium	$ 35.09	$ 69.81	$ 86.79	$ 129.78
Delta Dental (option 2)	Employer Paid	$ 35.09	$ 69.81	$ 86.79	$ 129.78
	Employee Paid	$ -	$ -	$ -	$ -

		Employee	Employee & Spouse	Employee & Children	Family
Vision	Total Premium	$ 7.75	$ 16.30	$ 17.05	$ 25.60
www.VSP.com	Employer Paid	$ 7.75	$ 16.30	$ 17.05	$ 25.60
by Delta Dental	**Employee Paid**	$ -	$ -	$ -	$ -

Mutual of Omaha Basic Life and AD&D ($35,000 each) additional $2.45 employer paid contribution

Note: *If an employee wavies any ancillary coverage (vision/dental), that employer paid benefit will not be redistributed to medical premiums.*